

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		1-22-00
O.I.P.E. CLASSIFIER			2-8-00
FORMALITY REVIEW		65918	2-23-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	/	✓	1-10-00
2	/	✓	2-26-00
3	/	0	04
4	/	✓	
5	/	0	
6	/	0	
7	/	0	
8	/	0	
9	/	0	
10	0	0	
11	0	0	
12	0	0	
13	0	0	
14	✓	✓	
15	✓	0	
16	✓	✓	
17	/	0	
18	/	0	
19	/	0	
20	/	0	
21	✓	0	
22	/	=	
23	✓	=	
24	✓	=	
25	✓	=	
26	D	=	
27	0	=	
28	0	=	
29	✓	=	
30	✓	=	
31	/	=	
32	/	=	
33	✓	=	
34	✓	=	
35	✓	-	
36	✓	(1)	
37	✓		
38	✓		
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If more than 150 claims or 10 actions  
staple additional sheet here

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